

# **Qualitative Case Review**

## **Salt Lake Region**

**Fiscal Year 2003**

### ***Preliminary Results***

**Office of Services Review**

**May 2003**

## Executive Summary

---

- 72 cases were reviewed for the Salt Lake Region Qualitative Case Review: 24 in the former Cottonwood Region, 24 in the former Granite Region, and 24 in the former Salt Lake Region. Reviews were held in September and November 2002, and in January 2003. Two cases were dropped.
- **The overall Child Status score was 88.6%, which meets the exit requirement of 85% and is a positive result.**
- Safety was very high with 97.1% acceptable cases with only two cases having safety concerns out of 70. Other positive results were achieved on Appropriateness of Placement, Health/Physical Well-being, Emotional/Behavioral Well-being, Caregiver Functioning, and Satisfaction. Prospects for Permanence (61.4%) and Family Functioning and Resourcefulness (51.4%) have room for improvement.
- **The Overall System Performance score went from 48.6% last year to 58.6% this year, which is a significant improvement.**
- Moreover, every single System Performance indicator improved since last year! The best result was achieved on Caregiver Support with 97.9% acceptable cases. Long-term View remains the lowest score with 41.4%, but it too showed a positive increase since last year. Plan Implementation is the one core indicator that made it across the 70% bar required for exit in the Milestone Plan.
- The former Granite and Salt Lake Regions achieved positive results and showed major improvements on System Performance, while the former Cottonwood region performed poorly and did not improve since last year.
- Home-based cases scored significantly lower than foster care cases. Particularly worrisome were the results on Family Preservation and voluntary cases. This goes along side with the finding that cases with a “Remain Home” goal had some of the lowest overall scores as did Reunification cases. Reunification cases also require a lot of attention because they had the lowest results last year as well. The Salt Lake region had a particularly high rate of adoption cases in this review.
- 20% of the workers reviewed were new (with one year or less work experience). This is an improvement over last year, when a third of the workforce reviewed was new, and indicates a better retention rate. The cases of new workers, on average, performed less well than cases managed by more experienced workers. Although 44% of the workers reviewed had high caseloads (17 or more cases), caseload size did not impact the results.
- Stakeholders indicated that they are seeing an improvement in communication and coordination efforts by the region. They also report the region is very open to suggestions for improving services.
- DCFS staff report lower turnover and more manageable workloads are improving the implementation of the Practice Model. They feel the Practice Model is

becoming the way of doing business and they see the benefits of the Practice Model. They have also seen an improvement in training.

## Methodology

---

The Qualitative Case Review for the Salt Lake Region was divided in three parts and held in September and November 2002, and in January 2003. 72 open DCFS-cases were selected and reviewed, 24 in the former Cottonwood Region, 24 in the former Granite Region, and 24 in the former Salt Lake Region. The scores for two cases had to be dropped because the reviewers were unable to meet the child during the review period. This brings the total number of cases to 70.

The cases were reviewed by certified reviewers from the Child Welfare Policy and Practice Group (CWPPG), the Office of Services Review (OSR), and the Division of Child and Family Services (DCFS), as well as first time reviewers from DCFS and outside stakeholders. The cases were selected by CWPPG based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region.

The information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents, or other guardians, foster parents (when placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. In addition, the child's file, including prior CPS investigations, and other available records were reviewed.

## Performance Tables

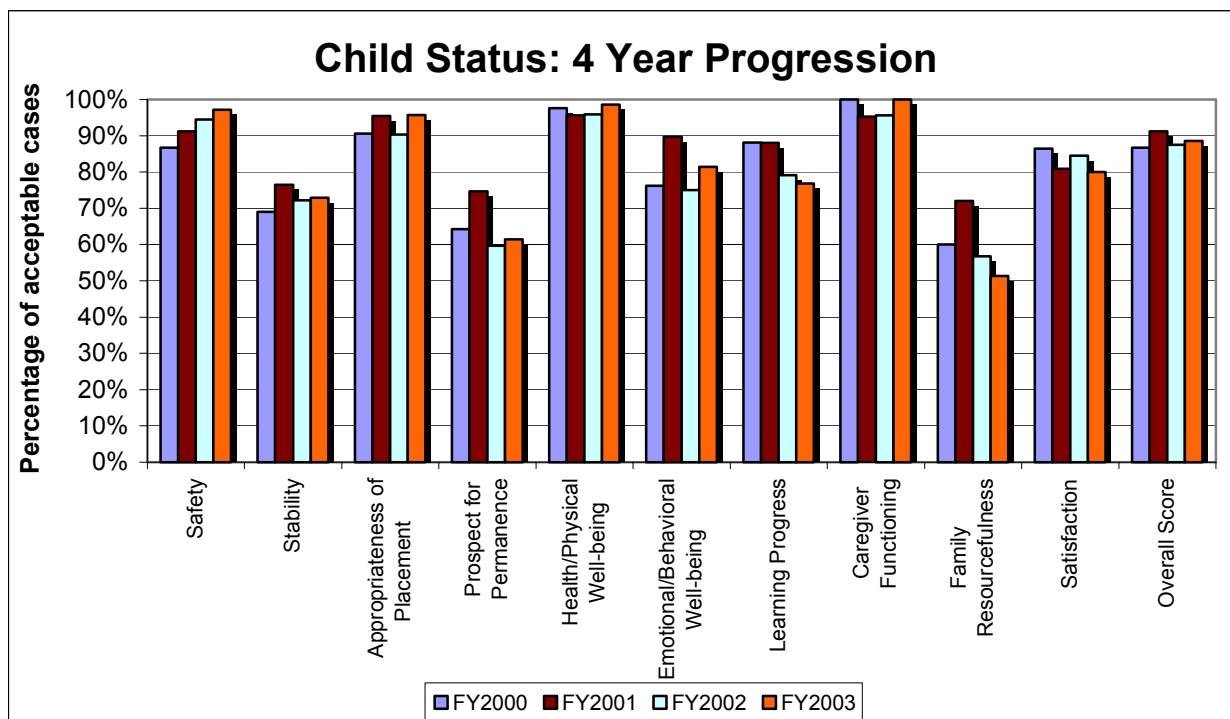
Preliminary data

The results in the following tables are based on the scores provided to OSR at the end of the Salt Lake Region Review. They contain the scores of 70 cases. These results are preliminary only and are subject to change until all reviewers have submitted their case stories.

Salt Lake Region Child Status								
		# of cases			FY00	FY01	FY02	FY03
	# of cases	Needing			Baseline		Current	Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores		Scores	Scores
Safety	68	2	97.1%		86.7%	91.2%	94.4%	97.1%
Stability	51	19	72.9%		69.0%	76.5%	72.2%	72.9%
Appropriateness of Placement	67	3	95.7%		90.6%	95.5%	90.3%	95.7%
Prospect for Permanence	43	27	61.4%		64.3%	74.6%	59.7%	61.4%
Health/Physical Well-being	69	1	98.6%		97.6%	95.6%	95.8%	98.6%
Emotional/Behavioral Well-being	57	13	81.4%		76.2%	89.7%	75.0%	81.4%
Learning Progress	53	16	76.8%		88.1%	88.1%	79.2%	76.8%
Caregiver Functioning	50	0	100.0%		100.0%	95.2%	95.6%	100.0%
Family Resourcefulness	19	18	51.4%		60.0%	75.0%	56.8%	51.4%
Satisfaction	57	13	81.4%		86.4%	80.9%	84.5%	81.4%
<b>Overall Score</b>	<b>62</b>	<b>8</b>	<b>88.6%</b>		<b>86.7%</b>	<b>89.7%</b>	<b>87.5%</b>	<b>88.6%</b>
				0% 20% 40% 60% 80% 100%				

1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY03 current scores.

Note: these scores are preliminary and subject to change



### **Statistical Analysis of Child Status Results:**

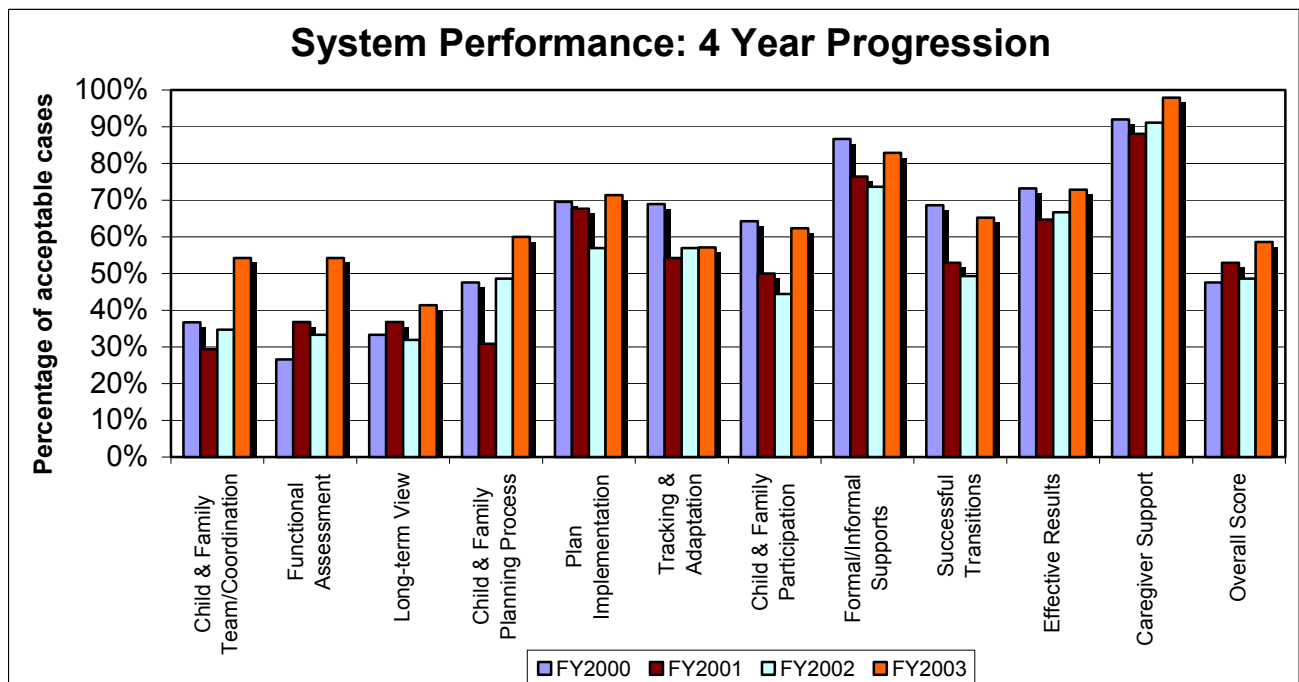
**The overall Child Status score was 88.6%, which meets the exit requirement of 85% and is a touch higher than last year's already positive score of 87.5%.**

Safety was very high with 97.1% acceptable cases. That's only two cases with safety concerns out of 70.

Other positive results (percentages of 80% or more on individual indicators) include: Appropriateness of Placement (95.7%), Health/Physical Well-being (98.6%), Emotional/Behavioral Well-being (81.4%), Caregiver Functioning (that's the functioning of substitute caregivers, such as foster parents: 98%), and Satisfaction (81.4%). The following indicators remained below 80% and had only minor changes from last year: Stability (72.9%), Prospects for Permanence (61.4%), Learning Progress (76.8%), Family Functioning and Resourcefulness, the lowest score, is at 51.4%.

Salt Lake Region System Performance								
		# of cases			FY00	FY01	FY02	FY03
	# of cases	Needing	Exit Criteria 70% on Shaded indicators		Baseline		Current	Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores		Scores	Scores
Child & Family Team/Coordination	38	32	<div><div></div></div> 54.3%		36.7%	29.4%	34.7%	54.3%
Functional Assessment	38	32	<div><div></div></div> 54.3%		26.6%	36.8%	33.3%	54.3%
Long-term View	29	41	<div><div></div></div> 41.4%		33.3%	36.8%	31.9%	41.4%
Child & Family Planning Process	42	28	<div><div></div></div> 60.0%		47.6%	30.9%	48.6%	60.0%
Plan Implementation	50	20	<div><div></div></div> 71.4%		69.6%	67.6%	56.9%	71.4%
Tracking & Adaptation	40	30	<div><div></div></div> 57.1%		69.0%	54.3%	56.9%	57.1%
Child & Family Participation	43	26	<div><div></div></div> 62.3%		64.3%	50.0%	44.4%	62.3%
Formal/Informal Supports	58	12	<div><div></div></div> 82.9%		86.7%	76.5%	73.6%	82.9%
Successful Transitions	44	25	<div><div></div></div> 63.8%		68.6%	52.9%	49.3%	63.8%
Effective Results	51	19	<div><div></div></div> 72.9%		73.2%	64.7%	66.7%	72.9%
Caregiver Support	47	1	<div><div></div></div> 97.9%		92.0%	88.1%	91.1%	97.9%
Overall Score	41	29	<div><div></div></div> 58.0%		47.6%	52.9%	48.6%	58.6%
			0% 20% 40% 60% 80% 100%					

1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY03 current scores.



Note: these scores are preliminary and subject to change

## **Statistical Analysis of System Performance Results:**

**The Overall System Performance score went from 48.6% last year to 58.6% this year, which is a significant improvement.**

Moreover, every single System Performance indicator improved since last year, most of them significantly. Among the indicators with the biggest increases are: Teaming/Coordination (went from 34.7% to 54.3%), Functional Assessment (33.3% to 54.3%), Planning Process (from 48.6% to 60%), Plan Implementation (from 56.9% to 71.4%), Family Participation (from 44.4% to 62.3%), and Successful Transitions (from 49.3% to 63.8%). The best result was achieved on Caregiver Support (that's the support provided to substitute caregivers, such as foster parents) with 97.9% acceptable cases. Long-term View remains the lowest score with 41.4%, but it too showed a positive increase since last year.

One of the six core indicators made it across the 70% bar required to exit in the Milestone Plan: Plan Implementation achieved a score of 71.4% acceptable cases.

## **Results by Individual Areas:**

While the improvement for the Salt Lake Region overall is satisfactory, there were some significant differences by area. Both the former Granite and Salt Lake regions showed major improvements in their System Performance results: The former Granite region had an overall System Performance score that went from 50% acceptable cases last year to 66.7% this year. The former Salt Lake Region went from 58.3% to 70.8% this year. The former Cottonwood region, on the other hand, obtained the lowest results and did not improve since last year. Cottonwood's overall System Performance went from 37.5% to 36.4%. Obviously, this part of the region needs the most attention. (See tables for each individual area in Appendix 1.)



## ANALYSIS OF DATA

---

### RESULTS BY CASE TYPE

Foster care cases scored significantly higher than home-based cases on System Performance.

Case Type	# In sample	# Acceptable	% Acceptable	Average score
System Performance				
Foster Care	49	32	65%	4.02
Home-based	21	9	43%	3.48
Child Status				
Foster Care	49	42	86%	4.65
Home-based	21	20	95%	4.81

Of the 70 cases reviewed, 49 (70%) were foster care cases, 21 (30%) were home-based cases. Foster care cases scored much higher on System Performance than home-based cases. 65% of the foster care cases passed, while only 43% of the home-based cases did so.

There were only three PFP cases, but none of them achieved acceptable outcomes.

Of the three voluntary cases (PSC) reviewed, only one achieved acceptable results.

### RESULTS BY PERMANENCY GOAL

Of the 70 cases, 21 (30%) had a permanency goal of Adoption, 15 (21%) had a goal of Return Home, and 15 (21%) had a goal of Remain Home. Cases with “Return Home” and cases with “Remain Home” goals had the lowest results on System Performance.

<b>SYSTEM PERFORMANCE</b>			
GOAL	# in Sample	# Acceptable	% Acceptable
Adoption	21	13	62%
Independent Living	3	2	67%
Guardianship	9	7	78%
Permanent Foster Care	7	7	100%
Remain Home	15	6	40%
Return Home	15	6	40%
Total	70	41	59%
<b>CHILD STATUS</b>			
GOAL	# in Sample	# Acceptable	% Acceptable
Adoption	21	21	100%
Independent Living	3	3	100%
Guardianship	9	8	89%
Permanent Foster Care	7	5	71%
Remain Home	15	13	87%
Return Home	15	12	80%
Total	70	62	87%

The cases with the most concerning System Performance results are reunification cases and cases with a permanency goal of “Remain Home”: in both categories only 40% of the cases had acceptable System Performance results. Next are Adoption cases with 62% of the cases having acceptable System Performance scores. While cases with a permanency goal of “Permanent Foster Care” did very well on System Performance (all passed), they didn’t do so well on the Child Status side (two out of seven cases had unacceptable results).

An additional finding of the analysis that raises some concern is that the universe of cases from which the sample was selected shows that the Salt Lake Region has 18% of its cases with an adoption goal where the next highest region is Southwest with 13% and the rest of the regions around 10%. This is approximately 38% higher than any other region. Why does the Salt Lake Region have so many cases with a permanency goal of Adoption? Some adoption cases maybe the result of a failed reunification case. The low performance on reunification cases raises concern about the effectiveness of some reunification and home-based efforts. Management may want to focus their attention on those cases. OSR notes that these were the case types with the lowest results in last year’s QCR. Also, the content analysis on page 12 of this report provides more evaluation of the home-based case concerns.

## RESULTS BY CHILD’S AGE

Of the 70 cases reviewed there were 40 cases with a young target child (0 to 12 years old), and 30 cases with a teenager (13+ years old). Both groups had similar results; there was only a negligible difference in the System Performance results. 60% of the cases with young children had acceptable System Performance results, and 57% did so on the cases with teenagers. But on the Child Status side, cases with older children

more often had unacceptable outcomes: Seven out of 30 cases (23%) obtained unacceptable child status scores, while only one of the younger children did so.

	# of cases in sample	# of cases acceptable	% Acceptable
<b>System Performance</b>			
Cases with target child 0-12 years old	40	24	60%
Cases with target child 13+ years old	30	17	57%
<b>Child Status</b>			
Cases with target child 0-12 years old	40	39	98%
Cases with target child 13+ years old	30	23	77%

## RESULTS BY CASEWORKER EMPLOYMENT LENGTH

Of the 70 cases reviewed 14 (20%) were managed by a caseworker with one year or less work experience. This is an improvement over last year, when a third of the workforce reviewed was new, and indicates a better retention rate. The cases of new workers, on average, performed less well than cases managed by more experienced workers. Only 43% of the cases with new caseworkers achieved positive System Performance results, while 63% of the cases with experienced workers did so.

Length of Employment with the Division	# of cases in sample	# of cases acceptable	% Acceptable
<b>System Performance</b>			
# of workers with 1 year or less experience	14	6	43%
# of workers with 1+ years experience	56	35	63%

## RESULTS BY CASELOAD

Of the 70 cases reviewed, 29 (41%) were managed by workers with high caseloads (17 or more cases). But caseload size did not have an impact on the results. Both groups of workers performed the same. 58% of the cases from workers with higher caseloads performed well on System Performance, while 59% of the caseworkers with manageable caseloads did so.

Caseload Size	# of cases in sample	# of cases acceptable	% Acceptable
<b>System Performance</b>			
16 cases or less	41	23	59%
17 cases or more	29	17	59%

## Content Analysis

---

### Home-based Cases

As mentioned earlier, home-based cases did not perform as well as foster care cases. Voluntary and family preservation cases were of particular concern. The following analysis of two PSC cases with unacceptable scores is a good example of what went wrong in a number of the unacceptable home-based cases.

In one of the cases the worker was highly appreciated by the family for all the support she provided, her accessibility, and her responsiveness. The mother indicated that her main support was the caseworker, for emotional and financial matters. But because the worker had not built a team around the family and didn't talk to the various team members, she failed to find out that the mother was using drugs again, that she did not receive substance abuse treatment, was not seeing her therapist regularly, and wasn't taking her medication, because she couldn't afford it. Also, the target child's disruptive behavior at school and the fact that he didn't turn in his homework was also unknown to the worker, because she had never talked to the child's teacher. The worker was about to close the case, in spite of the fact that the mother was very isolated and did not have an informal network of support to rely on without a transition plan.

Similarly, in the second case the worker was not in contact with the mother's therapist, nor the target child's teacher. The reviewers found out that the therapist had not seen the mother or anyone in the family in over a year and that the child was having difficulties in school, information the caseworker apparently was unaware of. Transitions, such as the release from jail of the violent stepfather, were not planned for, services identified in the plan were not implemented, and no child and family team meetings had been held. Without a family team and regular contact with the team members, tracking and follow-up is not effective because the caseworker must rely on the family's word.

A suggestion may be for the caseworker is to establish a working agreement before services are considered that there are certain expectations for voluntary services, such as setting up a team, meeting together as a team and a functional assessment. If the family won't follow through then the region should consider dropping the case or seeking a court order.

While the other home-based cases were not as concerning as these two, the rest of the home-based cases also had lower scores in Teaming, Long-term View, and Tracking & Adaptation indicators. For example, Tracking & Adaptation scored much lower (33.3%) in the home-based cases, than in the total sample (57.1%).

## Core System Indicators

As reported on the charts on page 7, all of the core system indicators are up from a year ago, with plan implementation exceeding the exit criteria of 70%. In all of these indicators, except for Long-term View, more than half of the cases reported good implementation of practice model principles around those indicators. Child and Family Teaming and Functional Assessments made a jump from the 30% range to the 50% range. Below are some of the comments that were reported in the case stories for those two areas that represent the good practice.

### Functional Assessment

- **Long-term View established.** This is reflected in one Salt Lake case where the services for the family matched well with the needs of the child. All the team members were aware of the strengths and concerns of the placement. As the reviewers report, “The functional assessment reflected the understanding of all team members and all team members consistently understand the Long-term View.”
- **Outside assessments, formal and informal, helped look at underlying needs.** In another Salt Lake case a family was well known to the division for many years. The mother had a brain injury from an early age and was exhibiting suicidal thoughts in front of the child. The reviewers state, “The caseworker and team members have learned the important underlying needs of family members and have tailored services to meet those needs,” such as mentoring on household chores and parenting. Also the team saw that a behavioral plan for the child was completed with the mother, which assisted her in setting more appropriate limits for the child.
- **The functional assessment was updated as needed.** In a case that crossed two states, a child exhibited assaultive behavior and the family had received many different types of services. The case write up states, “The assessment discussed issues, draws conclusions, and identifies what needs to be done to either continue progress, improve functioning, or not repeat the things that have not worked in the history of this case. It was favorable to see that the functional assessment was updated as circumstances changed within the case.”
- **The team developed the functional assessment.** In many of the cases the reviewers reported that the functional assessment was developed by the team and had flowed into the planning process.

### Child and Family Team

- **Teams were flexible in meeting needs of the family.** In this example a family were refugees from another country and the child had a very hard time adjusting to a new culture. As the case story reports, “The caseworker’s ability and willingness to use the child and family teaming process to plan for future transitions and resolve problems as they appear, has also resulted in team members being on the same page, agreeing with the plans and sharing a common picture of the family. Team meetings were held and called in when a new situation required it.”
- **Team meetings incorporated Practice Model principles, such as using the family’s input.** In one case the reviewers reported great collaboration between

the partners, including the family. They state that a particular family meeting was excellent model for conducting a family meeting which included the following, “collective input; incorporation of the practice principles; identification of legal parameters; highlighting of strengths of the child, family and system; notation of important concerns; listing of goals, needs and the setting forth of a general child and family team plan; as well as a detailed transition plan.”

- **All team members shared a common understanding of needs of the child and family.** As reported in many of the case stories, a cohesive team is in operation and all members shared the same information, resulting in a common understanding of the family.

## **Summary of Interviews with Community Stakeholders and Focus Groups with DCFS Staff Salt Lake Region QCR FY2003**

---

*Community stakeholders interviewed as part of the review process of the Salt Lake Region included: AG; Wasatch Family Services; Heath Department; Valley Mental Health; Utah Youth Village; University of Utah School of Social Work; Pioneer Youth; Salt Lake Juvenile Court; Family First Services; Safe at Home Coalition.*

### **What is Working Well:**

- Improved communication and coordination. Legal partners report a lot of effort to involve them by the region. Health care teams state that they collaborate much closer with caseworkers and foster parents than in the past. Mental Health indicates that in Tooele the DCFS office interacts very well and they work together to resolve problems and issues.
- Teaming. They have seen good implementation of Child and Family teams, especially with the more experienced workers. Others report that there are effectively functioning teams.
- Court Liaison. The court reports that the liaison position has been a good improvement. The judges now have a person to look into concerns and provide a source for the division to approach when they have concerns.
- Responsiveness and openness. One provider reported that caseworkers seem to be very responsive to their needs. Also, SIPAPU has been very professional in their investigations. Another provider reports that DCFS is very open to improving the effectiveness of services and the care provided to children.
- Drug court is seen as a great benefit and works well.

### **Improvement Opportunities:**

- As was reported last year, some of the partners indicated that the biggest challenge in working with DCFS is the high caseworker turnover and new, inexperienced caseworkers.
- The AG's office feels left out of the loop on voluntary cases. They would also request that it should be the caseworker, on most instances, who initiates contact with the AG about a particular case and not the other way around.

- Health team challenges. More mental health services in rural areas. Look at extending 30-day mental health assessment to 60 days because the child is still under the effect of the removal. Since Medicaid does not cover kinship placements and trial home placements anymore, more state funds need to be found to cover some services.
- Cutbacks in funding. Many providers have not yet seen the effects of the cut backs, but they are concerned. This includes cutbacks in 4E contract, rate reductions to foster parents, special needs funding and possible reduction in Family Preservation services.

## **Summary of Focus Groups**

*Focus Groups were conducted with trainers, caseworkers and supervisors in the Cottonwood, Granite, and Salt Lake areas.*

### **Strengths:**

- In the past there has been a lot of turnover, but this past year teams have become more cohesive and stable. There is more consistency and permanency for workers.
- With the emphasis on teaming, families and workers are able to present a united voice in court; it is not just worker recommendations. The court is recognizing that the recommendations are coming from the team. Before, teaming was a struggle, now it is becoming part of the routine.
- Teaming is being seen as beneficial for problem solving and empowering to the family.
- Staff and management recognize that workload has an impact on their ability to implement the practice model and the amount of time they can spend with families. The current level of reduced caseloads is helping the staff to feel that their work is manageable.
- Practice Model is becoming actual practice.
- In general, partners are more educated in the Practice Model principles. They are supportive of the Practice Model. Partners are giving DCFS good feedback regarding the Practice Model.
- The training has improved significantly over the past two years.
- Supervisors feel more supported as a whole now than last year. There is more dialogue and support amongst supervisors.

### **Practice Improvement Opportunities:**

- Supervisor mentoring by administration has had mixed results and patchy follow-up. Also, responses from workers indicate that the quality and level of mentoring varies from one office to another. It was suggested that an informal survey of workers receiving the mentoring be used to gauge effectiveness.

- Workers are frustrated with the repetition of paperwork and SAFE requirements.
- There are not enough foreign-speaking workers. Further, foreign speaking workers are expected not only to carry a normal caseload, but are also asked to assist with other cases as well.
- Budget cutbacks have caused a delay in getting substance abuse treatment for 4 or 5 months, which has a negative impact on permanency.
- There is also a delay in getting mental health services for parents, which also has a negative impact on permanency.
- In some areas, Guardians Ad Litem are not accepting the Practice Model and don't believe that it is based on reality.

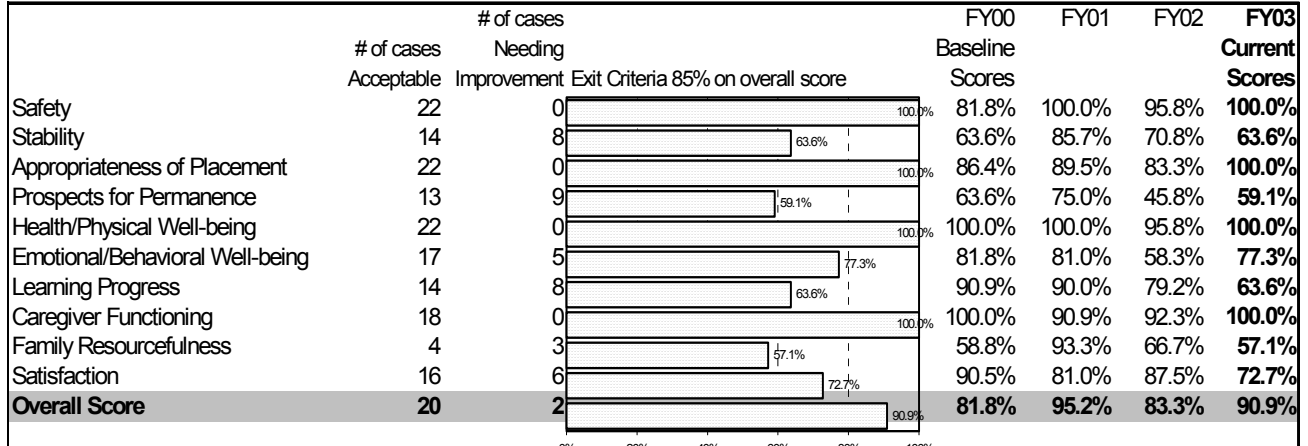


# APPENDIX

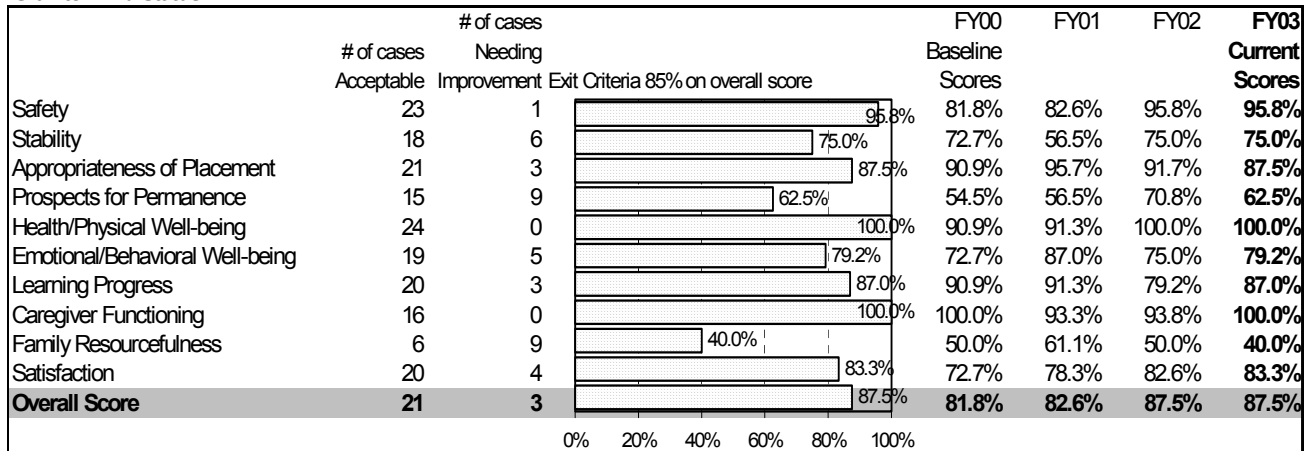
# APPENDIX 1

## Child Status Results by Area:

### Cottonwood Child Status



### Granite Child Status



Salt Lake Child Status				FY00	FY01	FY02	FY03
	# of cases	Needing Improvement	Exit Criteria 85% on overall score	Baseline Scores			Current Scores
	Acceptable						
Safety	23	1	95.8%	100.0%	91.7%	91.7%	95.8%
Stability	19	5	79.2%	77.8%	87.5%	70.8%	79.2%
Appropriateness of Placement	24	0	100.0%	100.0%	100.0%	95.8%	100.0%
Prospects for Permanence	15	9	62.5%	77.8%	91.7%	62.5%	62.5%
Health/Physical Well-being	23	1	95.8%	100.0%	95.8%	91.7%	95.8%
Emotional/Behavioral Well-being	21	3	87.5%	66.7%	100.0%	91.7%	87.5%
Learning Progress	19	5	79.2%	77.8%	83.3%	79.2%	79.2%
Caregiver Functioning	16	0	100.0%	100.0%	100.0%	100.0%	100.0%
Family Resourcefulness	9	6	60.0%	80.0%	73.3%	52.9%	60.0%
Satisfaction	21	3	87.5%	88.9%	83.3%	87.5%	87.5%
Overall Score	21	3	87.5%	100.0%	91.7%	91.7%	87.5%

## System Performance Results by Area:

### Cottonwood System Performance

	# of cases				FY00	FY01	FY02	FY03
	# of cases	Needing	Exit Criteria 70% on	Shaded indicators	Baseline			Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores			Scores
Child & Family Team/Coordination	6	16		27.3%	40.9%	23.8%	37.5%	27.3%
Functional Assessment	5	17		22.7%	31.8%	33.3%	20.8%	22.7%
Long-term View	6	16		27.3%	31.8%	42.9%	29.2%	27.3%
Child & Family Planning Process	8	14		36.4%	40.9%	38.1%	37.5%	36.4%
Plan Implementation	13	9		59.1%	63.6%	57.1%	41.7%	59.1%
Tracking & Adaptation	9	13		40.9%	68.2%	47.6%	41.7%	40.9%
Child & Family Participation	9	13		40.9%	63.6%	47.6%	45.8%	40.9%
Formal/Informal Supports	16	6		72.7%	81.8%	76.2%	62.5%	72.7%
Successful Transitions	11	10		52.4%	66.7%	52.4%	30.4%	52.4%
Effective Results	15	7		68.2%	76.2%	61.9%	58.3%	68.2%
Caregiver Support	15	1		93.8%	70.6%	81.8%	100.0%	93.8%
<b>Overall Score</b>	<b>8</b>	<b>14</b>		36.4%	<b>45.5%</b>	<b>52.4%</b>	<b>37.5%</b>	<b>36.4%</b>

### Granite System Performance

	# of cases				FY00	FY01	FY02	FY03
	# of cases	Needing	Exit Criteria 70% on	Shaded indicators	Baseline			Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores			Scores
Child & Family Team/Coordination	14	10		58.3%	18.2%	26.1%	29.2%	58.3%
Functional Assessment	17	7		70.8%	18.2%	26.1%	41.7%	70.8%
Long-term View	10	14		41.7%	27.3%	17.4%	41.7%	41.7%
Child & Family Planning Process	17	7		70.8%	54.5%	8.7%	50.0%	70.8%
Plan Implementation	18	6		75.0%	54.5%	56.5%	58.3%	75.0%
Tracking & Adaptation	15	9		62.5%	63.6%	52.2%	62.5%	62.5%
Child & Family Participation	15	9		62.5%	45.5%	43.5%	41.7%	62.5%
Formal/Informal Supports	21	3		87.5%	90.9%	73.9%	79.2%	87.5%
Successful Transitions	15	9		62.5%	54.5%	39.1%	70.8%	62.5%
Effective Results	18	6		75.0%	63.6%	47.8%	70.8%	75.0%
Caregiver Support	16	0		100.0%	100.0%	80.0%	100.0%	100.0%
<b>Overall Score</b>	<b>16</b>	<b>8</b>		66.7%	<b>45.5%</b>	<b>39.1%</b>	<b>50.0%</b>	<b>66.7%</b>

Salt Lake System Performance								
	# of cases				FY00	FY01	FY02	FY03
	# of cases	Needing	Exit Criteria 70% on	Shaded indicators	Baseline			Current
	Acceptable	Improvement	Exit Criteria 85% on overall score		Scores			Scores
Child & Family Team/Coordination	18	6		75.0%	44.4%	37.5%	37.5%	75.0%
Functional Assessment	16	8		66.7%	33.3%	50.0%	37.5%	66.7%
Long-term View	13	11		54.2%	44.4%	50.0%	25.0%	54.2%
Child & Family Planning Process	17	7		70.8%	55.6%	45.8%	58.3%	70.8%
Plan Implementation	19	5		79.2%	55.6%	87.5%	70.8%	79.2%
Tracking & Adaptation	16	8		66.7%	77.8%	62.5%	66.7%	66.7%
Child & Family Participation	19	4		82.6%	88.9%	58.3%	45.8%	82.6%
Formal/Informal Supports	21	3		87.5%	88.9%	79.2%	79.2%	87.5%
Successful Transitions	18	6		75.0%	44.4%	66.7%	45.8%	75.0%
Effective Results	18	6		75.0%	77.8%	83.3%	70.8%	75.0%
Caregiver Support	16	0		100.0%	75.0%	100.0%	75.0%	100.0%
<b>Overall Score</b>	<b>17</b>	<b>7</b>		70.8%	<b>55.6%</b>	<b>66.7%</b>	<b>58.3%</b>	<b>70.8%</b>

## APPENDIX 2

---

### **Notes from the Cottonwood Area Exit Conference, Sept. 20, 2002**

The audience was given a brief summary of the preliminary scores and the reviewers shared their concerns about the lack of improvement on the system performance.

#### Comments made by audience:

- Workload: Some workers are looking at leaving the agency, not because they don't like what they are doing, but because they don't feel like they can do all that is expected from them. They all like the Practice Model.
- Quality of Training could improve
- Duplication of efforts: Finding ways to merge the individual pieces of the practice model.
- Turnover: When the turnover is high, it makes it difficult to keep the learning curve up
- Mixed Messages (compliance vs. practice): For example, Case Process Review requires to turn in a service plan within 30 days, but the Qualitative Case Review wants team meetings held before: it's a challenge.
- Attitude and perceptions: Attitude of the team and the supervisors are key. Remember to breath.
- SAFE is one of the greatest assets, but lately been a barrier, Staff taking a lot of time to enter data in SAFE, choose the right forms, child and family plan forms are outdated. SAFE needs to catch up with the Practice Model.
- Family responsiveness: Scores affected by the "bad" choices that individuals and families make.
- Barriers to team building: Asking "inexperienced" workers to lead and facilitate meetings with community partners who are sometimes reluctant to be there.

#### Suggestions from audience:

- Reduce/Streamline Paperwork
- Mentoring: Use staffings to mentor
- Training: is too theoretical, need to see how it works, observe practice. Focus on modeling, coaching, sees it done well by someone else. Also, training on time management, how to get everything done.
- Use community partners and their skills and roles to share your workload (for example, have them facilitate team meetings)

- Congruence within the agency, have supervisors that support you and the Practice Model
- There are lessons to be learned from the QCR. Not just feedback, but QCR as the foundation.

#### Recommendations from reviewers:

- It's a process that has an order: engage, pull team together, assess and plan. Or "Mix ingredients, stir, and cook". That's how we do business. But we saw a lot of stir, cook, and mix ingredients. There should be an expectation that you have to have a team meeting and functional assessment driving the case before you submit the child and family plan.
- There are a significant number of people that haven't had the Practice Model training. The mentoring piece needs to be strengthened too.
- Management team needs to set clear expectations and monitoring them. Caseworkers who are supported by the supervisors and have gone through the Practice Model training do a good job.
- Reach out to community to educate them about the Practice Model and the teaming expectations.
- Review cases with supervisors. One case at a time.

### **Notes from Granite Area Exit Conference, November 22, 2002**

The audience was given a brief summary of the preliminary scores and the reviewers shared their satisfaction with the major improvement seen on system performance.

#### **STRENGTHS**

- Where teams were functioning well we saw really good outcomes for children and families
- Stable teams over time producing good outcomes
- Good understanding of how to develop the functional assessment and using it for developing the plan.
- Saw good functional assessment and good tracking of the children's needs
- Saw a team paying a lot of attention to a teenager's involvement in the planning process
- Saw good communication between caseworker and team members, Example: Caseworker who is in frequent contact with therapists, school, etc.
- Saw a very good ILP plan that included building relationship with the biological mother in an other state

- Active engagement of the biological parent and child in a very difficult case. Client said she loved the caseworker
- Good relationships between families and caseworkers
- Everybody in the case felt supported by DCFS
- Children in good educational settings and making progress
- Saw an exceptional team of caseworkers and their supervisor with strong supervision and exceptional practice, where every case scored really well
- Impressed with the worker's advocacy to keep siblings together
- Strong involvement of formal service providers
- Saw a real commitment to keep family together
- Strong emphasis on providing reunification services
- Caseworker had a real appreciation for cultural issues of the family
- Firm commitment of a foster family to keep a youth
- Good match of resources for the children, in spite of budget constraints

## **PRACTICE IMPROVEMENT OPPORTUNITIES**

### **Child and Family Teams:**

- Child and family team meetings held, but not understanding how and what for
- Excellent phone contact, but needed face-to-face meetings for better coordination
- There was a team, but decision-making moved outside of the team. This was the case, for example, when Juvenile Probation was involved
- Team needs to pay more attention to the long-term View and to better transition planning, anticipating the future transitions

### **Functional Assessments and Planning:**

- Didn't know the case and family history – Need for better functional assessments
- Need for more attention to DV issues and better understanding for the serious clinical issues of clients
- Need for cultural sensitivity of families
- Recognize the need to continuously update the functional assessments
- Recognize the need to share the child and family plan with team members
- Need to pay attention to underlying needs. Plans need to be more comprehensive and more individualized

## **SYSTEM BARRIERS**

- Communication with the legal and judiciary community
- Lack of support for kinship and guardianship families
- No continuation of services after transitions / changes of status of the case

- Lack of clarity on boundaries of DCFS's responsibilities for cases that are not abuse or neglect cases
- Community partners lack understanding for the function of child and family teams
- Lack of opportunities for children to remain connected to their cultural communities
- Missing opportunity to capture the past indications of abuse and neglect (multiple CPS referrals before intervention)
- Lack of translators
- Providers don't communicate internally
- Less than optimal communication with substance abuse treatment providers, also long delays in getting treatment
- Resources: Workload/Caseload issues, Teaming with each other
- Caseworker turnover

### **SUGGESTIONS FROM STAFF / REGION**

- Training: Timeframes, getting timely training for new workers on all the Practice Model modules. Need more compact training, not spread over a year, and stay with the same group. Look at partnership with the Universities (contracting issue). Look at who trains what. And direct practice experience
- Mentoring: Create a specific plan, undertake a supervisor mentoring plan
- Career path, there isn't one for caseworkers. Have new workers help experienced workers as part of the mentoring process. Also pay increase for seasoned workers.
- Help workers understand when and why have a child and family team meeting. Tap the knowledge available on conducting successful child and family team meetings. Better tracking and accountability of who needs what. For example, when people leave the agency (in exit interview find out what could be changed in the system)
- Find ways to make SAFE and policy expectations more flexible.
- Functional Assessment: Need for practical application. Give it more meaning; help staff understand the function/role of it. Getting to the underlying causes, the "why", beyond descriptions of symptoms.
- Look at the case stories to find internal capacities to tap. Strengthen the dialog between supervisors.

## **Notes from Salt Lake Area Exit Conference, January 31st, 2003**

### **STRENGTHS:**

- Creative Use of flexible funding to meet the family's needs
- Saw team meetings that were real team meetings, used to develop the case plan.

- Saw caseworker that used every available resource and team member to meet family's needs.
- Saw caseworker who had tremendous knowledge of the case
- Workers made sure that services were wrapped around the family before making the transition
- Worker committed to the child and family, using creative means to help children
- Worker used a good guide for holding the child and family team meeting
- Transition: Good anticipation of future needs
- Saw exemplary application of the Practice Model principles, such as developing a thorough Long-term View
- Saw workers who had a more manageable caseloads, which lead to better casework
- Excellent example of teaming and engagement of partners; effective communication with all partners
- Worker was using regular child and family team meeting effectively
- Examples of maintaining cultural connections for children
- Saw appropriate use of restrictive placement to stop a series of multiple disruptions, followed by a good transition
- Better matching of foster home to child; saw some amazing foster parents; foster parents appreciated support from agency
- Good examples of engaging natural parents, beyond termination of reunification efforts, including visits with the children
- Saw some very good written functional assessments
- Saw GALs with a lot of knowledge about the case and very involved
- Health care nurses add a lot of quality to the health status of children – co-location with workers helps

## **PRACTICE IMPROVEMENT OPPORTUNITIES**

- Sequencing of the practice model principles: Need to use the team to develop the functional assessment and to develop the plan
- Child and Family Plans: some pieces missing; plan not individualized; the formal document didn't reflect the actual plan; plans developed by DCFS and handed to parents; missing the transitional planning; the plan didn't support the concurrent goal. A need to individualize the health care part of the plan
- Functional Assessment: Need to understand the value of the f.a. to help develop the plan, getting at underlying needs, saving time down the road. Timeliness of formal assessments
- Teaming: In some instances there is no clear understanding of what a real child and family team meeting is. There is a need to more fully involve school professionals (teacher, school counselor, school mentors). There were some very complex cases that needed expert consultation for the team.



- Saw a need for workers to be more assertive consumers in terms of requesting individualized services from providers.
- Need to pay attention to independent living services and support for older teenagers and concurrent planning
- Forgot to ask about Native American heritage/ancestry
- Saw example of underutilization of kinship placement
- Providers have some difficulties to obtain special funding to meet the child's needs
- Some minimization of domestic violence issues, additional training needs
- Practice Model Training: not full implementation of the training (in complete modules) across the board yet

### **RECOMMENDATIONS**

- Focus on sequencing the Practice Model principles. Engagement of the family, building of the team, developing an on-going functional assessment (including a long-term view) to build an individualized child and family plan, that is tracked and adapted based on results.
- As part of Tracking and Adaptation: use the approach of the Qualitative Case Review to help cases that are not moving in the right direction
- Support for new caseworkers: There is progress in terms of keeping new workers from getting a full caseload, but there is a need to formalize the mentoring process for new workers

### **SYSTEM BARRIERS**

- Complete implementation of the Practice Model Training.
- Funding and flexibility to develop individualized services or new partnerships to offer a wider range of options at the local focus.
- Providers need to understand the need for highly individualized services for children.
- Functional assessment and child and family plan needs to be on SAFE. The f.a. will be there in April, after that the plan will be put on it.

### **SUGGESTIONS FROM STAFF / REGION**

- Be more assertive in requesting from providers to individualize treatment and services to the child's needs. Have providers use the Practice Model principles.
- Expect from the contract unit to be more clear that providers should be flexible
- Plan is for new workers to receive a mentoring plan and someone assigned right from the beginning on.